

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Non adopt

SERFF Tr Num: EMCC-125154091 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-023917

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-WC-2007-02

State Status:

Filing Type: Rate

Co Status:

Reviewer(s): Michelle Fahey, Betty Montesi, Carol Stiffler

Author: Stephanie McBride

Disposition Date: 08-10-2007

Date Submitted: 04-13-2007

Disposition Status: Approved

Effective Date Requested (New): 07-01-2007

Effective Date (New): 08-10-2007

Effective Date Requested (Renewal): 07-01-2007

Effective Date (Renewal):

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: AR-2007-04

Reference Title: AR Approved Voluntary Advisory Loss Costs

Advisory Org. Circular: AR-2007-04

Filing Status Changed: 08-10-2007

State Status Changed: 04-13-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

EMPLOYERS MUTUAL CASUALTY COMPANY 062-21415

EMCASCO INSURANCE COMPANY 062-21407

Workers Compensation

Non-adoption of Item Filing AR-2007-04 Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values

Company File # AR-WC-2007-02

As members of the National Council on Compensation Insurance, NCCI files the Workers Compensation program on our behalf.

With this filing we are transmitting for filing our intention to non-adopt the Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values found in AR-2007-04.

We supplement this filing with the following:

Transmittal Document

A filing fee in the amount of \$25.00 will be sent through Serff.

We respectfully request your acknowledgement of this filing. Thank you.

Company and Contact

Filing Contact Information

Stephanie McBride, Filings Analyst
PO Box 712
Des Moines, IA 50306-0712

Stephanie.M.McBride@EMCIns.com
(515) 345-2684 [Phone]
(515) 345-2223[FAX]

Filing Company Information

EMCASCO Insurance Company
717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

CoCode: 21407
Group Code: 62
Group Name:
FEIN Number: 42-6070764

State of Domicile: Iowa
Company Type: P & C
State ID Number:

Employers Mutual Casualty Company
717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

CoCode: 21415
Group Code: 62
Group Name:
FEIN Number: 42-0234980

State of Domicile: Iowa
Company Type: P & C
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$25.00	04-13-2007	12794296
Employers Mutual Casualty Company	\$0.00	04-13-2007	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08-10-2007	08-10-2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	06-18-2007	06-18-2007			

Pending Industry Response	Carol Stiffler	04-16-2007	04-16-2007
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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status	Note To Reviewer	Stephanie McBride	08-09-2007	08-09-2007
Approval	Note To Reviewer	Stephanie McBride	08-02-2007	08-02-2007
Conditional approval for WC	Note To Filer	Carol Stiffler	07-18-2007	07-18-2007
Filing Approval	Note To Reviewer	Stephanie McBride	07-17-2007	07-17-2007
Delay in amending filing	Note To Filer	Carol Stiffler	06-21-2007	06-21-2007
Objection Letter	Note To Reviewer	Stephanie McBride	06-19-2007	06-19-2007
Licensing fee	Note To Filer	Carol Stiffler	05-01-2007	05-01-2007
Licensing Fee	Note To Reviewer	Stephanie	04-25-2007	04-25-2007

Created by SERFF on 08-15-2007 02:49 PM

McBride

Licensing fee for WC

Note To Filer

Carol Stiffler

05-08-2007

Disposition

Disposition Date: 08-10-2007

Effective Date (New): 08-10-2007

Effective Date (Renewal):

Status: Approved

Comment: EMCASCO Insurance Company has been licensed for workers' compensation and this filing can now be approved

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
EMCASCO Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%
Employers Mutual Casualty Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06-18-2007

Submitted Date 06-18-2007

Dear Stephanie McBride,

This will acknowledge receipt of the captioned filing.

As of this date I have not received a response to my April 16, 2007 objection letter. Please confirm if you will be responding or wish to withdraw this filing. If I do not receive a response, I will disapprove the filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04-16-2007

Submitted Date 04-16-2007

Dear Stephanie McBride,

This will acknowledge receipt of the captioned filing. Our records show that EMCASCO Insurance Company is not licensed to write Workers' Compensation. In Arkansas, a company is licensed for either "Casualty excluding Workers' Compensation" or "Casualty including Workers' Compensation" and our records show "Casualty excluding Workers' Compensation". There is an additional \$500 fee to add workers' compensation.

However, in the late 1970s and early 1980s, we had an employee that didn't indicate of the Certificate of Authority and simply put "Casualty" so it is possible that our records are wrong and that fee was paid. If you can provide a copy of the WC fee check, I can have your records corrected. Otherwise you will need to remove EMCASCO from the filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Note To Reviewer

Created By:

Stephanie McBride on 08-09-2007 08:16 AM

Subject:

Status

Comments:

Good morning Carol,

I haven't yet heard back from you regarding approval so am just wondering what the status is on this one.

Thank you

Stephanie McBride

Note To Reviewer

Created By:

Stephanie McBride on 08-02-2007 07:41 AM

Subject:

Approval

Comments:

Carol,

We have received the amended Arkansas Certificate of Authority showing that EMCASCO is now licensed for Workers Compensation. I am wondering if this filing could be approved now. Thank you for your consideration.

Note To Filer

Created By:

Carol Stiffler on 07-18-2007 11:35 AM

Subject:

Conditional approval for WC

Comments:

I'm checking with our Finance Division to determine if I can approve the filing yet. I see no reason for you to have to refile the filing and pay an additional fee.

Note To Reviewer

Created By:

Stephanie McBride on 07-17-2007 08:14 AM

Subject:

Filing Approval

Comments:

Carol,

Our company has received notification of conditional approval of EMCASCO adding WC as a line of business in Arkansas. We have to pay an additional registration fee which is in the works. Is it possible at this point to get this filing approved? Thank you.

Stephanie McBride

Note To Filer

Created By:

Carol Stiffler on 06-21-2007 01:04 PM

Subject:

Delay in amending filing

Comments:

Not a problem. I will show the filing is on hold due to request by company. I may request an update in the future but it will still be on hold.

Note To Reviewer

Created By:

Stephanie McBride on 06-19-2007 10:18 AM

Subject:

Objection Letter

Comments:

Carol,

Please accept my apology for the delay on this. I spoke with my supervisor this morning and he advised me that our legal department is still putting together the application to amend the certificate. He is going to let me know when that is taken care of. Please let me know if you need anything else. Thank you and, again, sorry for the delay.

Note To Filer

Created By:

Carol Stiffler on 05-01-2007 10:18 AM

Subject:

Licensing fee

Comments:

I can approve the filing as soon as the check is processed by our finance division. Sometimes info here doesn't "trickle down" very fast. If you don't hear from me soon or you get your copy of the revised C/A, feel free to send me email or call to make sure I know it has been processed.

Or would you prefer to do a response to the objection letter withdrawing the filing only for EMCASCO--leaving Employers Mutual Casualty active? I can approve that immediately.

Later after EMCASCO is licensed, you can send the exact same filing in for just EMCASCO. If you remind me that you have already paid the filing fee and refer to this filing, then I will waive the filing fee on the new filing.

Your choice. Either is fine with me.

Note To Reviewer

Created By:

Stephanie McBride on 04-25-2007 01:56 PM

Subject:

Licensing Fee

Comments:

Carol,

Per our phone conversation, you had advised that you would approve this filing contingent on receiving our \$500 licensing fee. I have downloaded a UCAA form and given it to our legal department to process. You should be receiving that shortly. If you have any questions please let me know.

Thank you

Stephanie McBride

Note To Filer

Created By:

Carol Stiffler on 05-08-2007 02:37 PM

Subject:

Licensing fee for WC

Comments:

I will approve this filing for both companies as soon as WC is added to EMCASCO's Certificate of Authority if it is received before 7/1/07. You may take this as notice that the filing is approved for 7/1/07 for Employers Mutual Casualty but I won't make the whole filing official until we receive the UCAA application in Finance.

I foresee no problem in making it effective for both companies in time for you to have the 7/1/07 effective date for EMCASCO also

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
EMCASCO Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%
Employers Mutual Casualty Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:

0.000%

Overall Percentage Rate Impact For This Filing:

0.000%

Effect of Rate Filing - Written Premium Change For This Program:

\$0

Effect of Rate Filing - Number of Policyholders Affected:

0

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty		Review Status: Approved	08-10-2007
Comments:			
Attachment: P&C Transmittal.pdf			
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation		Review Status: Approved	08-10-2007
Bypass Reason: N/A			
Comments:			
Bypassed -Name: NAIC loss cost data entry document		Review Status: Approved	08-10-2007
Bypass Reason: N/A			
Comments:			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3.	Group Name	Group NAIC #
	EMC Insurance Companies	062

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Employers Mutual Casualty Company	IA	21415	42-0234980
	EMCASCO Insurance Company	IA	21407	42-6070764

5.	Company Tracking Number	AR-WC-2007-02
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Stephanie McBride P.O. Box 712	Filings Analyst	800-247-2128 Ext. 2684	515-237-2223	Stephanie.M.McBride @EMCIns.com
	Des Moines, IA 50303				

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Stephanie McBride

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Workers Compensation			
10.	Sub-Type of Insurance (Sub-TOI)				
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)	Workers Compensation			
13.	Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:		Renewal:	

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	AR-2007-04
18.	Company's Date of Filing	4/13/07
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-WC-2007-02
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Cover Letter

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT Amount: 25.00 </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**